

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002536

Entity Name: AUTISM OASIS, INC.

Current Principal Place of Business:

5528 NW 43RD STREET
C/O WORTHINGTON PEDIATRICS
GAINESVILLE, FL 32653

Current Mailing Address:

P.O. BOX 2591
ALACHUA, FL 32616 US

FEI Number: 80-0560216

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINK, CARL S
18805 NW 80TH TERRACE
ALACHUA, FL 32615 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARL S MINK

04/13/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D	Title	DP
Name	CECIL, ROBERT A	Name	PEREZ, ERIC
Address	5611 NW 207TH PLACE	Address	3725 NW 110TH TERRACE
City-State-Zip:	LACROSSE FL 32658	City-State-Zip:	GAINESVILLE FL 32606
Title	D	Title	DS
Name	WORTHINGTON, NANCY	Name	PEREZ, AUSTIN
Address	5528 NW 43RD STREET	Address	14150 NE 60TH STREET
City-State-Zip:	GAINESVILLE FL 32653	City-State-Zip:	ARCHER FL 32696
Title	DT		
Name	MINK, CARL		
Address	18805 NW 80TH TERRACE		
City-State-Zip:	ALACHUA FL 32615		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL S MINK

DIRECTOR

04/13/2013

Electronic Signature of Signing Officer/Director Detail

Date